

Hollie Bowers

Town

Bowers

County

Calvert

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

May 18

Age 18

Male

White

Married

Widower

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
 of  
Wife  

Father's

Name

Charlie Bowers

Mother's

Maiden Name

Anna Hall

How long sick

7 weeks

Cause of

Primary

Consumption

27

Death

Immediate

Accident, Suicide, Homicide

Reported by

W.B. Stefford undertaker

Address

Bowers



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary Brown

4

MARYLAND

Died at Town Wallville

County Calvert

Date 1903 Month May Day 10

Age 64 —

Native of Culvert

Occupation Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of J.R. Brown

Wife Father's Name Dr. Rich MacLallan

Mother's Maiden Name Eliz. Broom

Cause of Death Primary Neurosthene

How long sick

Death Immediate Sphacelus

4 months

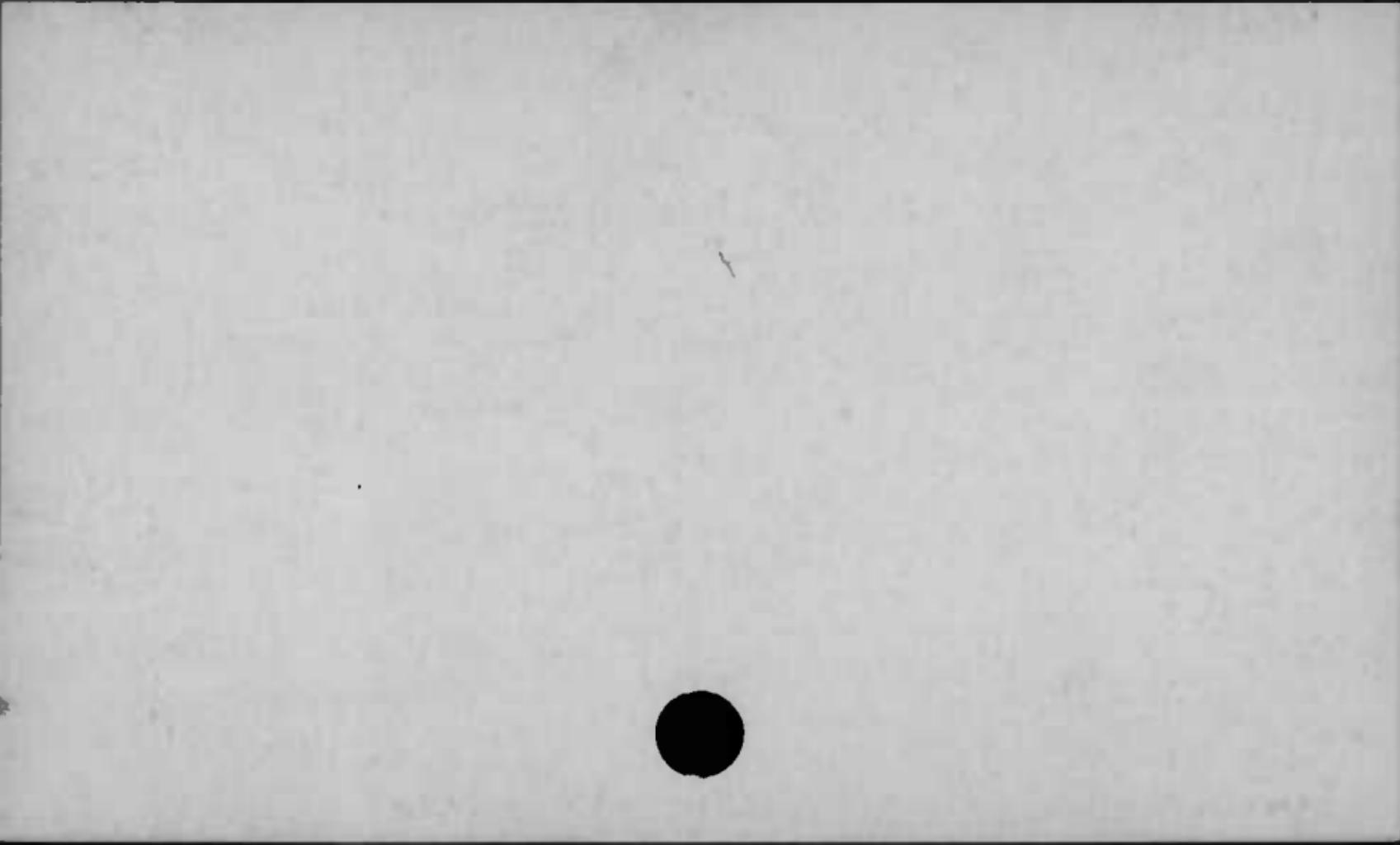
Accident, Suicide, Homicide

Reported by Philip Branson

MD Mutual MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Joseph B Brown, Cal

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Seaside</u>		Town	County <u>Cal.</u>	
Date of death <u>1903</u>	Month <u>May</u>	Day <u>24</u>	Age <u>75</u>	Years
Sex <u>male</u>	Color or Race <u>black</u>	Occupation <u>widower</u>		
Married, Single or Widowed		Birth-place <u>Cal. Co.</u>		
Name of Wife or Husband				
Father's Name	<u>Basil Brown</u>			Father's Birthplace <u>Cal. Co</u>
Mother's Maiden Name	<u>Mary Brown</u>			Mother's Birthplace <u>" "</u>
Name of person giving information	<u>C. C. Brown</u>			How related to deceased <u>Son</u>

CAUSES OF DEATH

Primary

Cancer of Liver 40

How long

six months

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J.W. Fitch  
Huntingdon  
Pa.

Accident or Suicide?



Name  
in  
Full

Robert Merle Dace

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lo. Marlboro,</u>		Town <u>Lo. Marlboro</u>		County <u>Calvert Co.</u>		MARYLAND	
Date of death 1903	Month <u>May</u>	Day <u>5</u>	Age <u>1</u>	Years <u>1</u>	Months <u>1</u>	Days <u>1</u>	
Sex <u>Male</u>	Color or Race <u>African</u>			Birth- place <u>Calvert Co.</u>			
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <u>Robert Dace</u>			Father's Birthplace <u>Calvert Co.</u>				
Mother's Maiden Name <u>Sarah Hansen</u>	<u>105</u>		Mother's Birthplace <u>" "</u>				
Name of person giving Information <u>Robert Dace</u>			How related to deceased <u>Hasher</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Mal-Nutrition or Marasmus -</u>	How long <u>6 months</u>
	immediate <u>Bronchitis (Capillary)</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>E. H. Timman</u>
		Address <u>Lo. Marlboro,</u>
Accident or Suicide?		<u>MD</u>



Name  
in  
Full

Martha A E Garrison

CERTIFICATE OF DEATH

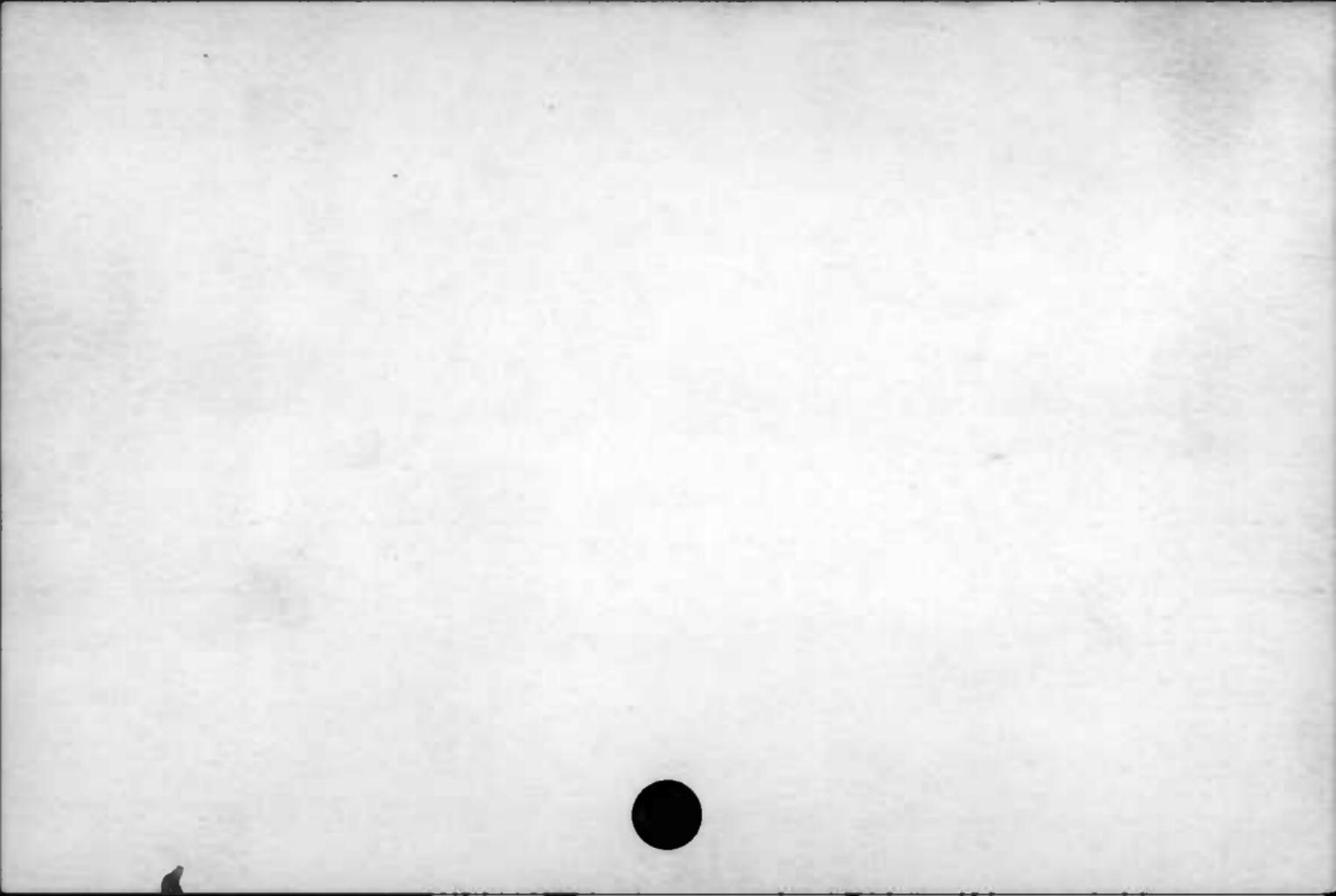
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 17	Years 60 yrs	Months	Days
Sex Female	Color or Race white	Birth-place			
Married, Single or Widowed Widow	Occupation Housewife				
Name of Wife or Husband Cheward D. Garrison					
Father's Name Stephen E. Bramblett	Father's Birthplace Balti Md				
Mother's Maiden Name Sophia	Mother's Birthplace "				
Name of person giving information Harry Hutchins	How related to deceased friend				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	U	How long	Six days
Immediate	Exhaustion	U	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. L. Brayshaw	
		Address	Friendship Md	
Accident or Suicide?				



Name  
in  
Full

Charlotte Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hunting Creek</u>		County <u>Calvert</u>		MARYLAND	
Date of death 1903	Month <u>May</u>	Day <u>23</u>	Age	Years	Months
Sex <u>Female</u>	Color or Race	<u>Black</u>		Birth- place	Days
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name	<u>Eddie Jones</u>			Father's Birthplace	<u>Balt. Md.</u>
Mother's Maiden Name	<u>Mary Chase</u>			Mother's Birthplace	<u>Cal. Co.</u>
Name of person giving Information	<u>Rex Shultz</u>		How related to deceased	<u>None</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia</u>	How long <u>10 days</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>J.W. Leitch</u> Address <u>Hunting Creek</u> <u>Md.</u>
Accident or Suicide?		



Name  
in  
Full

Susan P. Jones.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month May	Day 4	Age 46	Years 10	Months 10	Days 8
Sex Female	Color or Race white	Occupation Housewife		Calvert Co		
Married, Single or Widowed Married	Occupation Housewife					
Name of Wife or Husband John W Jones						
Father's Name James J. Chaney			Father's Birthplace Calvert Co			
Mother's Maiden Name Martha Sandercock			Mother's Birthplace " "			
Name of person giving information Mrs. W. Jones			How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

14 years

Immediate

✓

How long

Are the name, age, sex, color, date and place correctly given above?

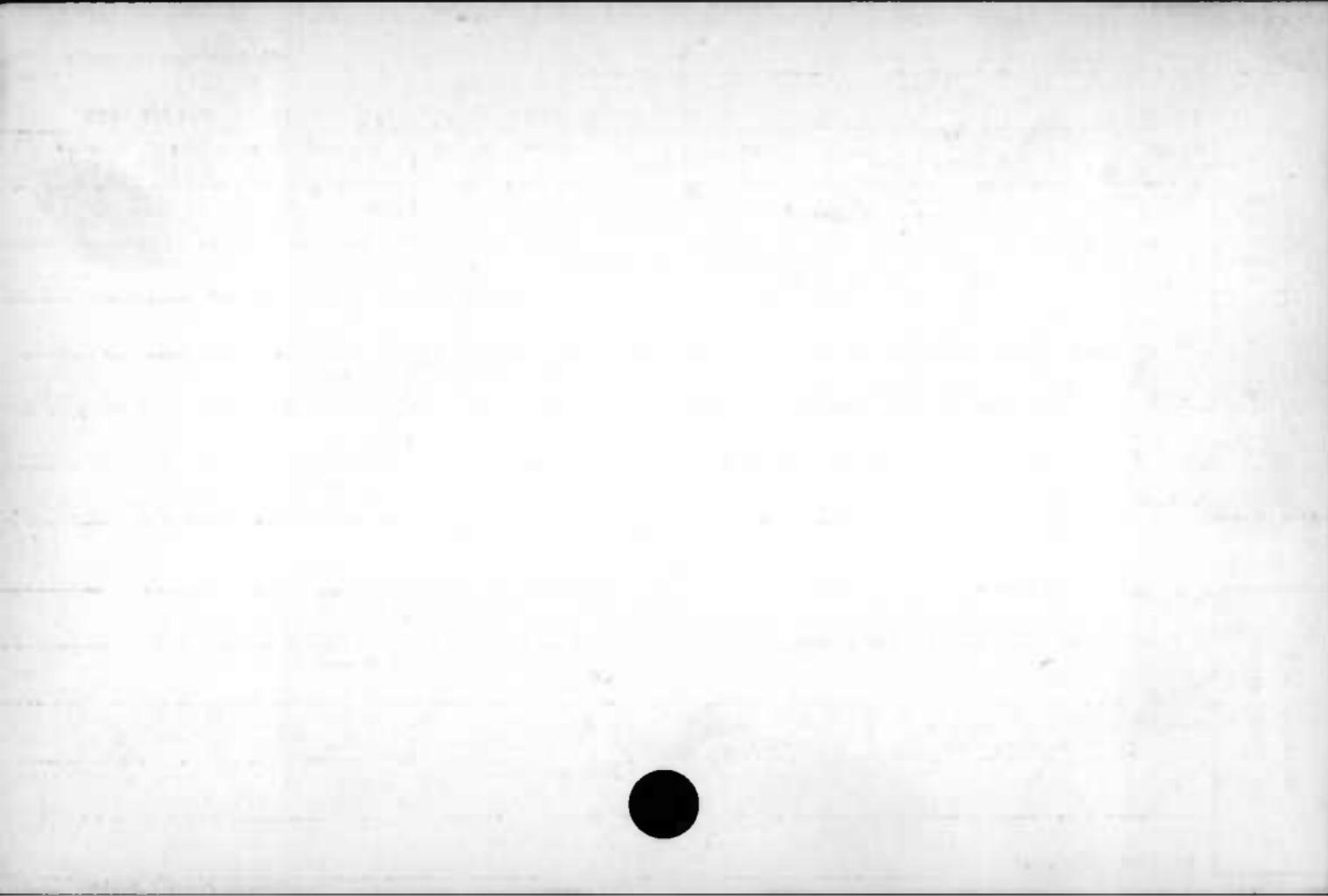
Yes

Signature of Physician

E. H. Hansen,  
Dr. Maclay, M.D.

Address

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex Female	Color or Race	Age 12 years			
Married, Single or Widowed	Occupation			Birth- place	
Name of Wife or Husband					
Father's Name	Charles Stewart			Father's Birthplace	Calvert Co.
Mother's Maiden Name	Margret Stewart			Mother's Birthplace	Calvert Co.
Name of person giving Information	Nancy Locks.			How related to deceased	Not any
CAUSES OF DEATH					
Primary	Not Known			How long	12 hours
Immediate	" "			How long	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Address	Brooke Mason Prince Frederick
Accident or Suicide?			



Name  
in  
Full

W. L. Stinett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Burnside	Calvert					
Date of death 1903	Month May	Day 15	Age 52	Years	Months	Days
Sex male	Color or Race white	Birth-place Calvert Co Md				
Married, Single or Widowed	Occupation Farmer					
Name of Wife or Husband	Virginia Stinett					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information	How related to deceased Son					
James Smith 190						
CAUSES OF DEATH						

Primary

Chronic Bright's disease

How long

3 yrs

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

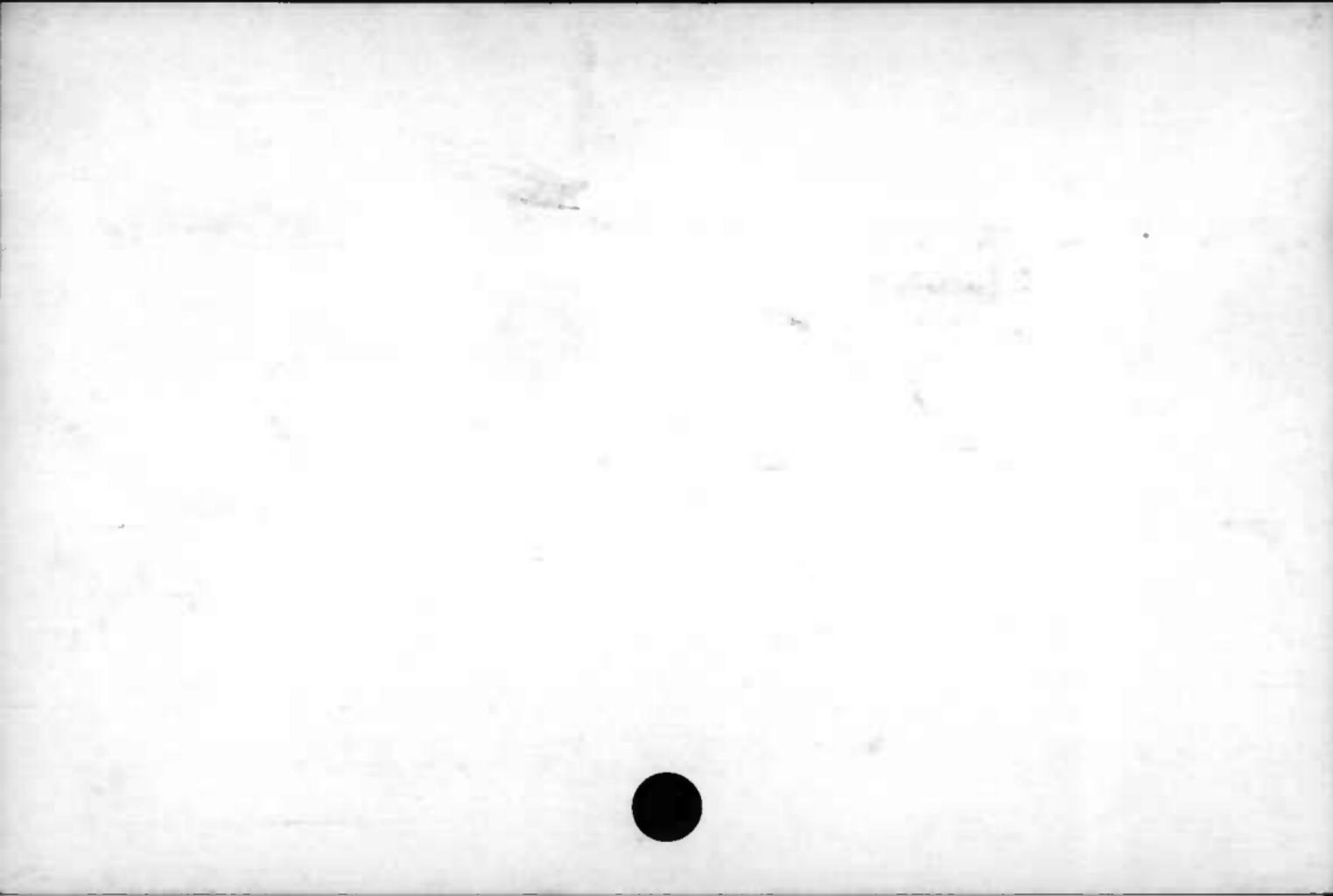
Signature of Physician

Address

J. H. King M.D.  
Bartow Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Louisa Sutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Oliver	Town	Calvert	County	MARYLAND		
Date of death 190	3	Month May	Day 18	Years —	Months —	Days 8	
Sex	Female	Color or Race	Colored	Birth-place	Calvert Co Md		
Married, Single or Widowed	Single	Occupation					
Name of Wife or Husband							
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Cora Sutton			Mother's Birthplace	Calvert Co Md		
Name of person giving Information	Mah Sutton			How related to deceased	Grandfather		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Swelling about the throat all its life

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

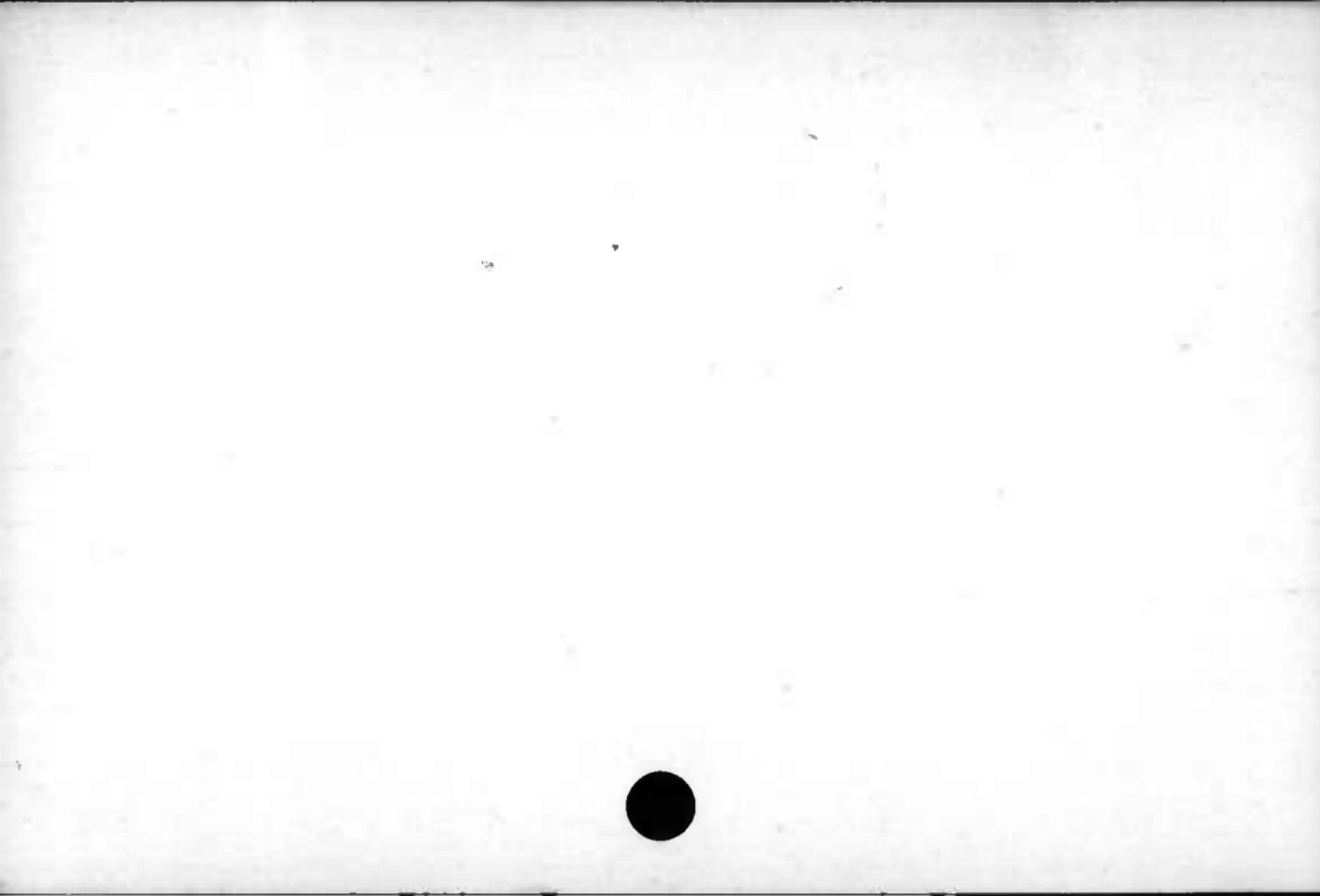
Signature of Physician

Address

or

Accident or Suicide?

I think that she taken Jas. L. Tucker  
Calvert County  
Cove Rd Md



Name In Full

Certificate of Death

George Augustus Wallace ♂  
 Town: St. Leonard's County: Calvert County MARYLAND  
 Died at: May 11 1914 Y. M. D. Native of: Pasadena  
 Date 19: Month: Day: Age: 59 Occupation: Farmer  
 Male: Married: Widow: Divorced:  
 Female: Colored: Single: Widower: Number of children living: Three

Husband of: Basil Wallace  
 Wife: Mother's Maiden Name: Margaret Dow  
 Father's Name:

Cause of Death: Primary: How long sick: 7 or 80's  
 Death: Immediate: Accident, Suicide, Homicide:

Reported by: Fred E. Brooks

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Married, Single or Widowed	—	Occupation	Waterman, (Supposed) (from nature of his clothing)
Name of Wife or Husband	—	Father's Name	—
Father's Name	—	Father's Birthplace	—
Mother's Maiden Name	—	Mother's Name	—
Name of person giving information	—	How related to deceased	—

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Stoneing?* How long —  
Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? — Signature of  
Coroner. *Opie H. Giles*

Address *Solomons,*  
*Md.*

Accident or Suicide? Presumed.

